

Maricopa County Superintendent of Schools
2004 Governing Board Election
Packet Request Form

Name: _____

Address: _____

City, State & Zip: _____

Phone Number: _____

Email address: _____

School District: _____

Incumbent: ☐ Yes ☐ No

Term: ☐ 2 yr. ☐ 4 yr.

Submit your completed form to:

Elections Division
Governing Board Packet Request
301 W. Jefferson, Suite 660
Phoenix, Arizona 85003

For further questions, contact:

Regina Perez, Elections Specialist
602-506-1490
602-506-3753(fax)
rperez@schools.maricopa.gov